

## Home Language Questionnaire

ED-01336-08E

STUDENT IDENTIFICATION INFORMATION		
Student's Full Name		
Date Of Birth	Age	Grade Level

DISTRICT INFORMATION/VERIFICATION INFORMATION	
School name	District number
I hereby verify that the above information is true and accurate to the best of my knowledge and belief.	
_____ Name (Printed)	
_____ Signature – Responsible Authority	_____ Title
_____ Date	

*The following is to be completed by Parent/Guardian:*

STUDENT LANGUAGE INFORMATION
<p><i>Dear Parents and Guardians:</i>  <i>In order to help your child learn, your child's teachers need to determine which language your child uses most.</i>  <i>Please respond to the questions below by checking the appropriate box.</i></p> <p>1. Which language did your child learn first?      <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____</p> <p>2. Which language is often most spoken in your home? <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____</p> <p>3. Which language does your child usually speak?      <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____</p>

PARENT/GUARDIAN INFORMATION
I hereby verify that the above information is true and correct to the best of my knowledge and belief.
_____ Name (Printed)
_____ Signature – Parent/Guardian
_____ Date